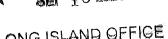
FILED
IN CLERKS OFFICE
U.S. DISTRICT COURT E.B.N.Y.

*	SEP	13	2021	
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EASTERN DISTRICT OF NEW YORK	LONG ISLA	ND OFFIGE
JASONI PORTER		
	CIVIL RIGHTS COMPLA	AINT
Plaintiff,	42 U.S.C. § 1983	400
[Insert full name of plaintiff/prisoner]	CV 21 5	120
	JURY DEMAND	
	YES NO	SEYBERT, J.
-against-		
Family Struct Gagne	-	LINDSAY, M.J.
Childe HE XCARMAEZ		
- m. 4.11 c	-	
	-	
	···	
Defendants)	-	
Defendant(s).		
[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Page 1.	ne	•
I. Parties: (In item A below, place your name address and telephone number. Do the sam	ne for additional plaintiffs, if any.)	sent
If you are incarcerated, provide the name of		
ii you are incarcerated, provide the name or	to wony and address.	
		againment of the State Control
		and the state of t
		·

UNITED STATES DISTRICT COURT

if you are not incarcerate	ed, provide your current address.
Telephone Number:	
	You must provide the full names of each defendant and the dant may be served. The defendants listed here must match the non page 1.
Defendant No. 1	Hetelle MARAVEZ (FAMILY SERVICE LEAGUE) Full Name
	DIRECTON
	Job Title 790 PARK AVE
	190 PARK AVE Hurshington NY 11721 Address
Defendant No. 2	Full Name
	Job Title
	Address
Defendant No. 3	
	Full Name
	Job Title

		Address
D	efendant No. 4	Full Name
		Job Title
	·	Address
Defendant No. 5	Defendant No. 5	Full Name
		Job Title
		Address
II. S	Statement of Claim:	
well as the how each need not related addition	the location where the even th person named was involved to give any legal arguments and claims, number and set for all 8 ½ by 11 sheets of pape	1/1/1/100
Where R_{NS}	did the events giving rise to	your claim(s) occur? 16 PINETIRE DR
		
When d	lid the events happen? (incl	ude approximate time and date)
AN	proximate	
190		

Facts: (what happened?) SEE AF/ARHSOL CLAIM
·
II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received? Shows Was Market Anguish And Jean Of Cafe Hing Conid-19

Relief: State what relief you are seeking if you prevail on your complaint. 2000.00 (fwo lillion Hollans)	
I declare under penalty of perjury that on	United
States District Court for the Eastern District of New York.	
I declare under penalty of perjury that the foregoing is true and correct	
Dated: 9-9-21 Signature of Plaintiff	
Phrethad CE	
Name of Prison Facility or Address if not incarcerate	•d
160 Contre WR	
Privare HEARD, XI-9-11	901
Address	**************************************
332580	
Prisoner ID#	

The pigintiff contends that Family Service League Contributed It's neglegance of It's Staff at their 16 Pineair Dr location for failing to Property train them in CDC and health and measure for when after south side Hospital Officials contacted Family Service League and the Staff at 16 Pineaire Dr Brentwood NY, 11717 and Informed them that Branders Herriagrasse a resident at 16 Pineaire Dr Jocation was at their hospital under their care and tested Positive For covid 19. Family Service League still did not require the Staff or residents at the 16 Pineaire Dr lucation to be retested to insure that no one at that location, Staff or residents had contracted the covid 19 Virus due to the current resident testing positive for the Virus. This failure left the residents of 16 Pineaire Dr at risk of even greater danger and this neglegance deliberatry indiffered every one, residing within the location, residents and Stapp Former V. Brennan 511 43 834 Wright V. Smith 21 F3D496, cross neglegance is defined as an Intentional or willful failure to perform a clear duty recknessiy disregarding the consequences or Injury to a Person that attends Such failure for on 1-23-21, the Plaintiff was placed at 16 pinearre Dr Brentwood NY 11717, a Family Service Chaque

location by Suffork County Emergency housing authority. After residing at Said residence for approximately 2 weeks, a resident that had been residing at Said residence Prior to the Plaintiff being Placed at Said residence was rushed to the hospital after an epileptic attack when at which time it was discovered that Bracedoro Herringelsz was Positive for Covid 19 and had been affected for Several months.

NAME JASAR BROKER HÓ CÉMTER DRIVE RIVERHEAD, NY 11901 UFFOLK COUNTY CORRECTIONAL FACILITY Enstrail Disheles Multed State of New York speect Com mat 25/10, MY FOREVE